



**CHEDRO III MEMORANDUM**  
**No. 115, s. 2018**

TO : Presidents/Heads, Private and Public Higher Education Institutions (HEIs)  
in Region III

SUBJECT : **BRIEFING ON CENTER OF EXCELLENCE (COE) / CENTER OF  
DEVELOPMENT (COD)**

DATE : October 31, 2018

X-----X

This Office will conduct a briefing on Center of Excellence (COE) / Center of Development to higher education institutions which have programs with Level III accreditation and/or which have the potential to be awarded as such. The activity will be held at **Orchid's Garden, San Juan, City of San Fernando, Pampanga** on **December 5, 2018**, from 8:30 am onwards.

The said activity aims to:

1. Orient higher education institutions without COE / COD but are prospective candidates, in the preparation of the necessary documents.
2. Identify and respond to the issues and concerns of higher education institutions with COE /COD status; and
3. Share best practices of institutions with COE/COD status.

Participants to this undertaking are Campus Directors for State Universities and Colleges, Vice Presidents for Academic Affairs and Deans / Program Chairs.

No registration fees will be charged to the participants. Snacks and lunch shall be provided by CHEDRO III. However, expenses such as transportation, accommodation and other incidental expenses shall be shouldered by the sending institution, subject to the usual accounting rules and regulations. Due to limited slots, each participating HEI is requested to send a maximum of **three (3)** participants. It is advised that participants confirm their attendance on or before November 15, 2018 by filling-out the attached confirmation slip.

For any inquiries, you may contact Mr. John Wesley S. Calagui or Mrs. Yolanda C. Cordova at (045) 402-6659 or e-mail us at [chedro3@ched.gov.ph](mailto:chedro3@ched.gov.ph).

Your usual support and participation shall be highly appreciated.

  
**Dr. CARIDAD OLI ABUAN, CESO III**  
Director IV

**CONFIRMATION SLIP**

BRIEFING ON CENTER OF EXCELLENCE (COE) / CENTER OF DEVELOPMENT (COD)

Name of Institution: \_\_\_\_\_

I / We will not attend

I / We will attend. Please reserve \_\_\_\_\_ seat/s for me / us.

Name of Participant/s: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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